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Bib Data Sheet

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## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A 371 OF PCT/EP00/03518 04/19/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

UNITED KINGDOM 9909357.7 04/24/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GBN	SHEETS DRAWING 7	TOTAL CLAIMS 85	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

23347

## TITLE

Medicament carrier

<b>FILING FEE RECEIVED</b> 2190	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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